MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006930

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1077 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS:300 Rev. 4/59

FILED MAR 8 1963

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS City
Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: TRINITY LUTHERAN Hosp.
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS City
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 221 E 73rd ST
Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First FANNIE Middle Last REIF

4. DATE OF DEATH: Month FEBRUARY Day 16 Year 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 7-5-1894
9. AGE (last birthday): 68
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINE OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY: H.D.Lee Co.
11. BIRTHPLACE (City and state or country): KANSAS City, Mo
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Wm. HENRY Wherritt
13b. MOTHER'S MAIDEN NAME: SARAH BARTON
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates)
16. SOCIAL SECURITY NO.: 451
17. INFORMANT: Viola Hablawetz Address: 221 E. 73rd St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 36 HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Pulmonary metastasis — No.
DUE TO (c): Hypernephroma. — 1 YR?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I.(a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1956 to 16 Feb 63 and last saw her alive on 16 Feb 63
Death occurred at ____m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert M. Myers M.D
22b. ADDRESS: 906 Grand Ave.
22c. DATE SIGNED: 18 Feb 63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 2-20-1963
23c. NAME OF CEMETERY OR CREMATORY: Pleasant Hill
23d. LOCATION (City, town, or county) (State): Pleasant Hill MO

24. FUNERAL DIRECTOR: Muehlebach
ADDRESS: 6800 TROOST
25. DATE RECD. BY LOCAL REG.: 2-18-63
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	3918-		
3			
4	1		
5	2		
6			
7	0		
8	1		
9	180X		
10			
11			
12	68-0		
13			

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

Dr. Robert Myers
Realty Bldg. 914 Grand
VI-2-4751
will be emailed 1:15 to-day

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert L. Landes

Licensed Embalmer No. 5103

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.